

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: METHOD AND SYSTEM FOR  
DECOMPOSITION OF MULTIPLE  
CHANNEL SIGNALS  
CHERNOGUZ1A  
Attorney Docket Number:: CHERNOGUZ1A  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity

Given Name:: Naum  
Middle Name::  
Family Name:: CHERNOGUZ  
Name Suffix::  
City of Residence:: Nahariya  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: Haganah Street 2  
City of Mailing Address:: Nahariya  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 22300  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Yevgeni  
Middle Name::  
Family Name:: SEIDER  
Name Suffix::  
City of Residence:: Rehovot  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: Kovshei HaHermon Street 3/5  
City of Mailing Address:: Rehovot  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 76555

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application:: Continuity Type:: Parent Parent Filing

This Application	Appln claiming benefit under 35 USC 119(e)	Application::	Date::
		60/401,349	08/07/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**Assignment Information**

Assignee Name::	ORSENSE LTD
Street of Mailing Address::	2 Prof. Bergman Street
City of Mailing Address::	Rehovot
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	76705